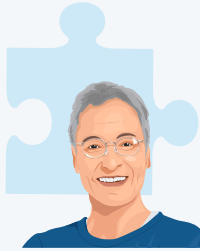


Heritage Health Adult Program Eligibility & Enrollment Process



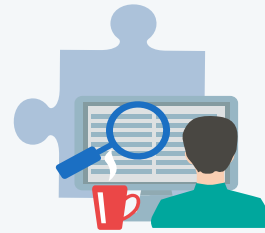
APPLICATION

Applicant or representative completes application:

- Online via the AccessNebraska website
- In-person at 50 local offices
- By phone to the AccessNebraska Customer Service Center
- Via the federally facilitated marketplace

MANUAL PROCESSING

DHHS eligibility workers extract application from AccessNebraska and compare information to the Federal Data Hub for household composition and modified adjusted gross income.



VERIFICATION

DHHS eligibility workers use the Federal Data Hub to verify:

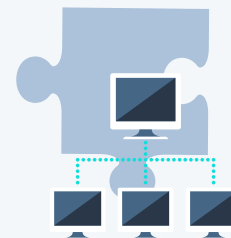
- Social Security Number
- Citizenship
- Immigration Status
- Adjusted Gross Income

DHHS eligibility workers use Department of Labor and ResCare for job search verification.

DHHS eligibility workers call applicant on volunteerism or self-employment.

NFOCUS DETERMINATION

DHHS eligibility workers enter information into NFOCUS Budget Module for eligibility determination and notify applicant of eligibility decision. Beneficiaries enroll in a health plan.



INITIAL ELIGIBILITY

Basic Coverage provided to:

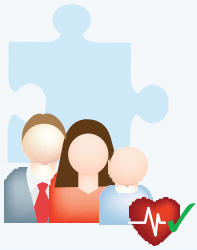
- New beneficiaries
- Parent Caretaker Relative without a Primary Care Provider claim in past year.

Prime Coverage provided to:

- Parent Caretaker Relative with Primary Care Provider claim in past year.



Heritage Health Adult Program Eligibility & Enrollment Process



MEMBER ENGAGEMENT

Member has a Primary Care Provider claim in past year.

Member participates in active Care and Case Management with health plan.

✓ CARE MANAGEMENT (HEALTH FOCUS)

Set of supportive activities based on a care plan to improve beneficiary health and reduce the need for future medical services through individual-centered education, coordination of care, elimination of unnecessary service duplication, and effective management of health conditions.

✓ CASE MANAGEMENT (SOCIAL NEEDS FOCUS)

Collaborative process of evaluation, planning, facilitation, and advocacy for options and services based on social determinants of health and assists with communication and other resource needs towards improved well being.

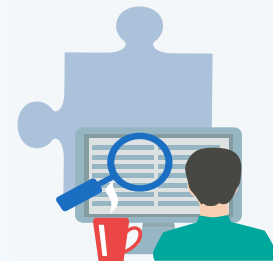
REDETERMINATION

At six months, DHHS eligibility workers reassess the eligibility factors such as income and household composition.

A review is completed of claims to Primary Care Provider, participation in Care and Case Management, and history of three or more missed appointments.

In year two, DHHS eligibility workers verify participation in 80 hours a month in any of the following activities:

- Parent Caretaker Relative
- College, trade school or apprenticeship
- Volunteer with a public charity
- Job searching
- Employment



This will determine if a beneficiary will receive the Basic or Prime benefit package. Prime coverage adds dental, vision, and over-the-counter medications.



ONGOING SUPPORT

DHHS eligibility workers support the beneficiaries throughout the eligibility term by answering benefit questions, updating records with changes in circumstance, demographics and other information.

